Under the Pa	aperwork Reduction Act of	1995, no person are r	eauired to		t and Trade	roved for use through mark Office; U.S. Di ation unless it displa	h 06/30/2010. Of EPARTMENT OF	COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number		10/007,003-Conf. #9714			
FEE TRANSMITTAL			Filing Date		November 9, 2001			
For FY 2009			First Named Inventor		Sujal M. Patel			
				Examiner Name		T. Y. Chen		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	2161			
TOTAL AMOUNT OF PAYMENT (\$) 180.00			Attorney Docket No. 21660/02122			93-US0		
METHOD OF	PAYMENT (check a	all that apply)						
Check	Credit Card	Money Order	No	ne Other (please iden	tify):		
X Deposit Acc	count Deposit Account N	lumber: 04-	0100	Deposit	Account Na	ne:Darby	y & Darby P.	
For the	above-identified depo	sit account, the D	irector is	s hereby authorize	ed to: (ch	eck all that apply	·)	
x Ct	harge fee(s) indicated	below		Charg	e fee(s) i	ndicated below,	except for the	filing fee
	narge any additional fe		ments o	f x Credit	any over	payments	-	
FEE CALCUL	e(s) under 37 CFR 1.1	16 and 1.17						
1. BASIC FILING	G, SEARCH, AND EX	AMINATION FEI	ES					
	FiL	ING FEES	SE	ARCH FEES	EXAM	INATION FEES	S .	
Application Ty	/pe Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees Pa	id (¢)
Utility	330	165	540	270	220	110	100311	<u>εια (ψ/</u>
Design	220	110	100	50	140	70	·	
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLA	AIM FEES						s	mall Entity
Fee Description	r 20 (including Reissi	166)					Fee (\$) 52	Fee (\$) 26
	nt claim over 3 (inclu	•					220	110
Multiple depend	•						390	195
- "		ee Paid (\$)		Multiple Dependent Claims				
- or HP = X = HP = highest number of total claims paid for, if greater than 20.					ee (\$)	Fee Paid (\$)		
_		- ,	_	oo Doid (A)	_			-
<u>Indep. Claims</u>	Extra Claims or HP =	Fee (\$)		ee Paid (\$)				
	ber of independent claims		n 3.					
listings und	on SIZE FEE ation and drawings ex ler 37 CFR 1.52(e)), to action thereof. See 3.	he application siz	ze fee du	ie is \$270 (\$135 t				
Total Sheets				additional 50 or frac	ction there	eof Fee (\$)	Fee P	aid (\$)
·	100 =						=	
4. OTHER FEE(Fees F	Paid (\$)
•	Specification, \$130	`	•	,				
Other (e.g., l	ate filing surcharge):	1806 Submiss	ion of a	n Information D	isclosur	e Statement	180	0.00
SUBMITTED BY								
Signature	/john w branch/			Registration No. (Attorney/Agent)	41,633	3 Telephone	(206) 262	-8906
Name (Print/Type)	John W. Branch			V WOLLOWARDIN	•	Date	June 23,	
(John FF. Dianoli						Julie 20,	2000